



C O N S U L T I N G

GVNW CONSULTING, INC.
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www.gvnw.com

Via ECFS

June 27, 2014

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 Twelfth Street S.W.
Washington, D.C. 20554

Dear Ms. Dortch,

Hardy Telecommunications hereby submits the attached "FCC Form 481 – Carrier Annual Reporting Data Collection" pursuant to sections §54.313 and §54.422 of the Commission's rules, as filed with the Universal Service Administrative Company.

As a Competitive Local Exchange Carrier, Hardy Telecommunications is not required to provide a 5 Year Service Quality Improvement Plan (Section 100, Line 112) or financial data (Section 3000).

Please contact me with any questions you have on this filing.

Sincerely,
/s/ Andy Schein

Andy Schein
Senior Consultant
GVNW Consulting, Inc.
(719) 594-5800
aschein@gvnw.com

Enclosures

ENCLOSURE A

FCC Form 481 and attachments

FCC Form 481 - Carrier Annual Reporting
Data Collection Form

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Andy Schein
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7195945800 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	aschein@gvnw.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
(check box when complete)				
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 300px;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 300px;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450>	Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	<div style="border: 1px solid black; padding: 2px;">209009WV510.pdf</div> (attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	<div style="border: 1px solid black; padding: 2px;">209009WV610.pdf</div> (attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<800>	Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010>	<div style="border: 1px solid black; padding: 2px;">209009WV1010.pdf</div> (attach descriptive document)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>		(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet				
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers				
<2000>		(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>		(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet				
<3000>		(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>		(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein
<035>	Contact Telephone Number - Number of person identified in data line <030>	7195945800 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@gvniw.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Name of Attached Document

<010>	Study Area Code
<015>	HARDY TELECOMMUNICATIONS, INC.
<020>	2015
<030>	Contact Name - Person USAC should contact regarding this data Andy Schein
<035>	Contact Telephone Number - Number of person identified in data line <030> 7195945800 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030> aschein@gvnx.com
<220>	NORS Reference Number
	Outage Start Date
	Outage End Time
	Outage Start Date
	Outage End Time
	Total Number of Customers
	911 Facilities Affected (Yes / No)
	Service Outage Description (Check all that apply)
	Did This Outage Affect Multiple Study Areas (Yes / No)
	Service Outage Resolution
	Preventative Procedures

<010>	Study Area Code
-------	-----------------

<015>	Study Area Name
-------	-----------------

<020>	Program Year
0000	2000
0001	2001
0002	2002
0003	2003
0004	2004
0005	2005
0006	2006
0007	2007
0008	2008
0009	2009
0010	2010
0011	2011
0012	2012
0013	2013
0014	2014
0015	2015
0016	2016
0017	2017
0018	2018
0019	2019
0020	2020
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0098	2098
0099	2099

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030> 7195945800 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> aschein@gvnw.com

1/1/2014 <701> Residential Local Service Charge Effective Date |

<702> Single State-wide Residential Local Service Charge

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein
<035>	Contact Telephone Number - Number of person identified in data line <030>	7195945800 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@gvntv.com

[illegible]

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
<922>	Feasibility and sustainability planning;
<923>	Marketing services in a culturally sensitive manner;
<924>	Compliance with Rights of way processes
<925>	Compliance with Land Use permitting requirements
<926>	Compliance with Facilities Siting rules
<927>	Compliance with Environmental Review processes
<928>	Compliance with Cultural Preservation review processes
<929>	Compliance with Tribal Business and Licensing requirements.

[illegible]

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	209009
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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein
<035>	Contact Telephone Number - Number of person identified in data line <030>	7195945800 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@gvnmw.com

☐

Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers

Lifeline

Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<020>	Program Year	2015
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<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@gvnm.com

209009WV1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

<http://www.hardynet.net/telephone-service/residential-telephone/lifeline-linkup/>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:



<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



<1222> Details on the number of minutes provided as part of the plan,



<1223> Additional charges for toll calls, and rates for each such plan.

(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	209009
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<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@qvw.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐

<2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

<2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting (47 CFR § 54.313(e))

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions ☐

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
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<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein
<035>	Contact Telephone Number - Number of person identified in data line <030>	7195945800 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@tgvw.com

CHECK the boxes below to note compliance on its five year service quality plan pursuant to 47 CFR § 54.202(a) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) **Progress Report on 5 Year Plan**
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(i), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited?

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant, or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information



[USAC Home](#) [High Cost Program](#) [Search Tools](#) [Form 481](#)

CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 1 was successfully certified on Fri 27 Jun 14 11:18:34 AM EDT by ssherman@hardynet.com .

SAC : 200259

SPIN : 143001425

Carrier Name : HARDY TELECOM

Program Year : 2015

[Return to 481 Search](#)

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	209009
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<030> Contact Name - Person USAC should contact regarding this data	Andy Schein
<035> Contact Telephone Number - Number of person identified in data line <030>	7195945800 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	aschein@gvnm.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	HARDY TELECOMMUNICATIONS, INC.
Signature of Authorized Officer:	CERTIFIED ONLINE
	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	209009
Filing Due Date for this form:	07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<703>

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

209009

HARDY TELECOMMUNICATIONS, INC.

2015

Andy Schein

7195945800 ext.

aschein@gvwnw.com

<d4>

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

2014 FCC Form 481 Carrier Annual Reporting – Other Attachments

Line 510 - Service Quality Standards & Consumer Protection Rules Compliance:

Consumer Protection

Voice and Broadband

Hardy Telecommunications (Hardy) complies with the requirements of 47CFR Part 64 Subpart U, Customer Proprietary Network Information and the Federal Trade Commission Red Flag Rules to prevent identity threat. A manual for each of those programs is in place and is part of the employees' handbook. Employee and Board of Directors training is conducted annually and new hires are instructed on the programs as required by their job functions.

Service Quality Standards

Voice

The Company complies with the service quality standards and consumer protection rules set forth by the West Virginia Public Service Commission, and within its rules and regulations as it relates to Service Quality Standards and Consumer Protection Rules. Hardy is committed to providing the highest quality service to its customers.

Broadband

Hardy follows the service standards noted in NECA Tariff #5 and is committed to provide the highest quality service to its broadband customers.

Emergency Operations Functionality & Capability

The Company prides itself on updating and maintaining all of its plant and equipment to prevent outages before they happen. If outages do occur, the Company has a 24-hour/7 days-a-week on call staff and alarm reporting systems in place that send the necessary notifications to the 24-hour/7 days-a-week personnel monitoring these systems. The Company certifies that it follows best practices that are designed to allow them to remain functional in an emergency situation through the use of back-up power to ensure functionality.

Absent catastrophic failure of the network or elements of it, the Company has the capability to engage in some re-routing of traffic based on what facilities are damaged. While the Company has engineered its network based on accepted industry engineering practices, changing call routing may, to some extent, permit the Company to manage traffic patterns throughout its network during emergency situations.

The Company performs exercises to test disaster preparedness on each site's back-up power systems and they are tested weekly. Major transport facilities are also tested periodically to ensure failover reliability.

The Company provides the following information regarding its central office back-up battery and generator capability during electricity failures within its operating areas. The Company has deployed battery back-up power in its central office that will produce an estimated twenty (20) hours of back-up power for the Company's central office. The initiation of the Company's battery back-up capability is triggered instantaneously of the network identifying the existence of a loss of power.

The Company also has a back-up natural gas generator that is available at its central office should it be necessary. The generator would provide 152 hours of back-up power capability. Since the availability of fuel at the location is not an issue, the generator would provide sufficient power to operate even longer absent some unforeseen breakdown of it. Based on current contingency preparation plans, the Company estimates that the necessary generator-provided back-up power capability can be deployed and functioning within a minute of the identification of its need, well within the time frame of the estimated battery power back-up capability possessed by the Company. In addition, the Company has two portable generators that can be moved to the necessary site(s).

209009WU 1010

Voice Service Rate Comparability

As evidenced by the data provided in line 700 of this Form 481, the Company's voice service pricing is no more than 2 standard deviations above the national average urban rate (\$46.96) as announced by the Wireline Competition Bureau on March 20, 2014 (DA 14-384).

Lifeline Certification, Verification, and Confirmation for Determining Initial and Continuing Eligibility of Consumers for USF Supported Lifeline Services.

General Assertion / Certification:

The Company has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services. The Company has instituted certification and verification procedures in company with Section 54.416 of the rules of the Federal Communications Commission (the "FCC"). Specifically, the Company refers Any and all consumers who request USF supported services from Hardy Telecommunications to the West Virginia Department of Health and Human Resources for proper confirmation and documentation of eligibility. Hardy Telecommunications proceeds with instituting such services after proper documentation of eligibility from the DHHR is received from the consumer.

In addition, as required by Section 54.410 of the FCC's rules, the Company obtains a valid certification form for each subscriber for whom the Company will be seeking Lifeline reimbursement. A copy of the Company's "Annual Lifeline Certification and Verification" form has been attached to the Company's submission in response to the May 1, 2012 "Commission Order" in the above referenced proceeding.

Based on the foregoing, my knowledge, information and belief, I hereby certify that the Company has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services, that the Company is in compliance with all federal Lifeline certification procedures, and that the Company has obtained a valid certification form for each subscriber for whom the carrier seeks Lifeline reimbursement.

Scott Sherman, General Manager and CEO of Hardy Telecommunications, Inc. and its Operating Companies

Table of Contents for Additional Supporting Documents:

- Lifeline Assistance (Guideline for Customers)
- Lifeline Assistance Certifications
- Lifeline Assistance Tariff as Currently Filed and On Record with the West Virginia Public Service Commission
- Website Link regarding Company's Lifeline Assistance Program:
 - o <http://www.hardynet.net/telephone-service/residential-telephone/lifeline-linkup/>

LIFELINE ASSISTANCE

1. Lifeline Assistance consists of a credit in the amount of \$9.25 on eligible customer's bills.
2. The Lifeline discount can apply to ANY residential service plans that provide voice telephony service.
 - Partial payments will first be applied to pay down the allocated price for Lifeline voice services.
3. In order to be eligible to receive Lifeline Assistance, the customer must certify that s/he participates in one of the following:
 - Medicaid
 - Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps
 - Supplemental Security Income (SSI)
 - Federal Public Housing Assistance
 - Low Income Home Energy Assistance Program (LIHEAP)
 - National School Lunch Program's Free Lunch Program
 - Temporary Assistance for Needy Families (TANF)
 - Income is at/below 135% of the Federal Poverty Guidelines
4. If the customer claims to qualify based on income, s/he must present acceptable documentation of the household income. Acceptable documentation includes: the prior year's tax return, current income statement from an employer or paycheck stub, a Social Security statement of benefits, a Veterans Administration statement of benefits, a retirement/pension statement of benefits, an Unemployment/Workmen's Compensation statement of benefits, federal or tribal notice letter of participation in General Assistance, a divorce decree, child support, or other official document.
5. If the customer presents documentation of income that does not cover a full year (e.g., pay stubs), the customer must present **three** consecutive months worth of the same document.
6. Customer must fill out the attached Lifeline Assistance Certification. Once the form is complete, you must print your name and sign at the appropriate places on the form.
7. Make a copy of the form and give the customer a copy. The original is to be kept in a file.
8. A service deposit cannot be collected on an eligible customer.

LIFELINE ASSISTANCE CERTIFICATION

I hereby certify, under penalty of perjury, that I am eligible to receive Lifeline Assistance for the following reason(s): *(Please check all that apply)*

- _____ Medicaid
- _____ Food Stamps
- _____ Supplemental Security Income (SSI)
- _____ Federal Public Housing Assistance
- _____ Low Income Home Energy Assistance Program (LIHEAP)
- _____ National School Lunch Program's Free Lunch Program
- _____ Temporary Assistance for Needy Families (TANF)
- _____ Income is at/below 135% of the Federal Poverty Guidelines

I also certify, under penalty of perjury, the following:

- _____ Number of Individual's in my household
- _____ Date of birth
- _____ Last four (4) digits of my Social Security Number
- _____ Household meets the income requirements
- _____ Presented documentation of income accurately represents the household income

I further acknowledge, under penalty of perjury, the following requirements: *(Please acknowledge by initialing each)*

_____ Lifeline is a federal benefit and is available for only **ONE** line per household.

_____ Violation of the one-per-household requirement would constitute a violation of the Commission's rules and would result in subscriber's de-enrollment from the Lifeline program, and potentially prosecution by the United States government.

_____ Lifeline service is a **non-transferrable** benefit.

_____ Will notify Hardy Telecommunications, Inc. within 30 days when I am no longer eligible for Lifeline services; or, am receiving more than one Lifeline-supported service.

_____ Information in applications is true and correct to the best of my knowledge. False or fraudulent information is punishable by fine or imprisonment.

Customer Signature

Customer Name

Date

Hardy Employee Name

NETWORK ACCESS LINE SERVICE

LIFELINE ASSISTANCE

The Company, as part of its obligations as an Eligible Telecommunications Carrier, offers the Lifeline Assistance Program to eligible low-income subscribers. Lifeline Assistance is offered under the terms and conditions provided below:

1. Lifeline Assistance

a. General

Lifeline Assistance is a federal program offering a discount to qualifying low-income subscribers, as provided for below. Lifeline Assistance provides eligible subscribers a discount for the following package of services: voice-grade access to the public switched network or functional equivalent; minutes of use for local service; access to E-911 services; and, toll limitation service at no charge.

b. Regulations

- 1) Unless other eligibility requirements are established by the Commission, Lifeline Assistance is available to all subscribers who participate in one of the following programs: Medicaid; Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps; Supplemental Security Income (SSI); Federal Public Housing Assistance; Low-Income Home Energy Assistance Program (LIHEAP); National School Lunch Program's free lunch program; and, Temporary Assistance for Needy Families (TANF).
- 2) Each subscriber to Lifeline Assistance must certify in writing to the Company, under penalty of perjury, that s/he receives benefits under a program outlined in sub-paragraph (b) (1), above, and must, on that same document, agree to notify the Company if s/he ceases to participate in the program(s). The certification form shall conform to the requirements described herein, and shall be made available upon request to any subscriber. The Company shall retain all such subscriber certifications in order to furnish proof of subscriber eligibility as may be required from time to time by Universal Service Administrators.

NETWORK ACCESS LINE SERVICE

LIFELINE ASSISTANCE/LINK UP (cont'd.)

1. Lifeline Assistance (cont'd.)

b. Regulations (cont'd.)

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- 3) A subscriber may elect at the time of subscription or later to Lifeline Assistance to receive toll limitation as part of Lifeline Assistance. "Toll limitation" is a service that allows a subscriber to elect not to allow the completion of outgoing toll calls from the subscriber's residence.
- 4) Lifeline Assistance will not be disconnected for non-payment of toll charges, unless the Company first obtains a waiver from the Commission that the Company would otherwise incur substantial costs, that the Company offers toll limitation without charge, and that telephone subscribership among low-income subscribers in the Company's service area is greater than or equal to the national subscribership rate for low-income consumers. For purposes of this paragraph, a "low-income consumer" is one with an income below the poverty level for a family of four residing in West Virginia. The Company shall follow all applicable notice provisions as established, from time to time, by the Commission, as part of using a waiver, if granted. The Company may apply for waivers as necessary.
- 5) The Company may not collect a service deposit in order to initiate Lifeline Assistance if the qualifying low-income subscriber voluntarily elects toll limitation from the Company.
- 6) Eligibility for Lifeline service shall be subject to initial and continuing verification by the local WV Department of Health and Human Resources.

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- c. Lifeline Assistance provides a discount to the subscriber's monthly local telephone service. The discount is only available for one telephony service per household. The flat-rate discount available per month is \$9.25.

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NETWORK ACCESS LINE SERVICE

LIFELINE ASSISTANCE/LINK UP (cont'd.)

1. Lifeline Assistance (cont'd.)

- d. The Company shall apply the baseline payments received by the administrator of the Federal Lifeline Assistance program to waive the qualifying customer's federal End-User Common Line Charge. The Company shall apply any additional Federal support amount to the qualifying subscriber's basic local exchange service rate.

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- e. Partial payments that are received from Lifeline customers shall first be applied to local service charges and then to any outstanding toll charges.

2. Link Up

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